MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937) CERTIFICATE OF DEATH

02944

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Reg.	Diat.	No.	. (9	Y

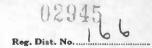
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother) State Management County
City or town(If outside city or town limits, write RURAL and give nearest town)	Atheretters - Com
How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Phillip Baker	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Widowed	20. DATE OF DEATH. March 23 19.45 at 11: 45 M
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	OCI 19 44 to March 23 19 45.
7. Birth date of deceased (mo., day, yr.) Tebualu 27 1863	end that I last saw h. M. alive on 3-23 19.45.
8. AGE: Years Months ays If less than one day	Immediate cause of death DURATION
82 23hrsmin.	Chrone my ceadilis 3 93.
TO I mill the At the male	1.11.5000000000000000000000000000000000
9. Birthpiace half (Town, bounty, and state)	Due to accepto Schools
19. Usual occupation Januar	1 Second to
11. Industry or business	Due to.
12. Hame Some Soker	Diher conditions
# Rotarion (Ch. 2011	(Include pregnancy within 8 months of death)
6 0 .	Major fiedings of operations.
	Date of op.
16. Interment Mrs. Tracices Windrewers	Autopsy results
Address Trostburg Md.	
17 Burial Date thereof March 26 1945	22. VIOLENCE: If death was due to external ceuses, ill in the tollowing; Accident, suicide, or homicide
(Burlal, cremation, or removal, Which?) (mont) (day) (year)	V
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Trosthurg Md	Injured at home, farm, Industry, public place (where?)
16. Funeral director	Means of injury Injured at work?
Address Atrestorera Md	A. Dielel Mid.
2/2 0 4 344	23. SIGNATURE M. D. of other
19	Address Tostleng, MM. Bate signed /24/81-

THE SOLD STATE OF BEATH



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



1. PLACE OF DEATH: Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	State Maryland county Garrett. City or town Oakland, Md. Route. (If outside city or town limits, write RURAL and give nearest town) Street No.	
	(If rural, give LOCATION)	
Now long in hospital or institution?	2.(a) If veleran, name war	
3. (a) FULL NAME Mary Louise	3. (b) Social Security Number	
Infant Broadwater. 4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White	20. DATE OF DEATH March 30 1945 at 9 P. M	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from O2C 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from O2C 30. 19 45.	
8. AGE: Years Months Days It less than one day O O	Immediate cause of death The Command the Control DURATION	
9. Birthplace	Due to	
12 Name Clarence Broadwater, 13 Birthplace Garrett County, Maryland.	Other conditions	
Hazel Bowman. 14. Malden name Hazel Bowman. Garrett County, Maryland.	Major findings of operations	
Clarence Braadwater. Address Oaklands Md. Raute.	Autopsy results	
Burial Date thereot March 31st, 1 (Burial, cremation, or removal, Which?) (month) (day) (year) Cometery or crematory. Thayerville Cemetery.	22. YIOLENCE: If death was due to external causes, filt in the following: Accident, suicide, or homicide	
Location Thayerville, Maryland.	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director Emroy D. Bolden.	Means of Injury Injured at work?	
Address Oakland Maryland	23. SIGNATURE 4/asold C. Miller Mo.	
19. (Dute rec'd by registrar) 19 The Registrar	Address Eglo No W.Va. Bate signed 4/4/45	



2411 N. Charles St., Baltimore (923)

		CERTIFICA	ATE OF DEATH Reg. Diat. No	164
1. PLACE OF DE/County Garre County Garre City or town Rur (If o How long in above place Hospital, institution, or How long in hospital or 3. (a) FULL NAME	al Accountside city or town line of death?	eath occurred: or 3 weeks at onse	Rural Accident, Mayland (If ontside city or town limits, write RURAL and give n Near Accident, Maryland (If rural, give LOCATION)	esrest town)
	Anna	Bushman	0	
4. Sex Female	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20, DATE OF DEATH March IO 1945	4:30p
7. Birth date of	·····	e Bushman 6I yee	21. I CERTIFY that death occurred on the date above stated; that I attended dec Feb. 23	ceased from
8. AGE: Years) Febuary	28- I883 Oays 11 less than one day IO hrs	Cerebral Hemorrhage	ouration 4 mo
10. Usual occupation 11. Industry or business	House W	Accident Md ounty, and state) ork r Accident Md	Out to Other conditions Arthritis , hypertensic myocarditis	on,
14. Malden name	Elizabet		(Include pregnancy within 8 months of death) Major fiudings e1 operations.	•••••••
16. Informant			Autopsy results	**************
Buria (Burial, cremation,		Date thereof 3-I3-I945 (month) (day) (year) Luthern	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)

02946

Address Friendsville, Md

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APR 4 1945

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-9

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Reg. Diat	No.	6/

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Garrett County Friendsville, Maryland				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
			rvland	slate Maryland County Garrett		
Cily or town(If	outside city or town	limits, write RI	URAL and give nearest town)	Rural -Friends	ville. Marvl	and
How long in above place	of death?	ite		Clly or town Rural-Friends (If outside city or town limits Near-Friends	, write RURAL and give nea	rest town)
Hospital, Institution, or	street address where			Sireet No. Near-Friends	ville, Maryla	and
Hom				(If rural, give	************************************	***************************************
Now long in hospital o	r institution?	lome		2.(a) If veleran, name war. 3. (b) Social Security Number		
3. (a) FULL NAM	Dale	Willia	am Friend			
4. Sex Male	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
कि क्रम	White	Sing	gle	20. DATE OF DEATH. March IV	1945	3:30am
8.(6) Name of husband				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March I7 19 45 to March I7 19 45		sed from
7. Birth date of	Monah) It alive, give ageyears A.S.	and that I last saw h im alive on Mar	ch I7,	19. 4.5
deceased (mo., day,) 8. AGE: Years		l Days	If less than one day	Immediate cause of death		DURATION
8. AGE: IGHT	monns		•	Congenital malf	ormation of	******************************
			V.Smin.	stomach and hea	rt	life
9. BirthplaceNe	ar Frie	ends vi	lle, Maryland	Due to		
9. Birthplace (Town, county, and state)			ate)	?	•••••••••••••••••••••••••••••••••••••••	***************************************
10. Usual occupation None			***************************************		***************************************	1
11. Industry or busines	. None			Due to	•••••••••••••••	***************************************
EI Re	ed Frier	nd		***************************************		********************
E 12. Name	riendsvi	Tie.M	arvl and	Other conditions	•••••••••••••••••••••••••••••••••••	
L. Fo. Ontaginos				(Include pregnancy within 3 m		
日 14. Maiden name.	Mildred	Thomas	3			
15. Birthplace	Friends	rille I	faryl and	Major tindings of operations		
≈1 15. Birtinplace					Date of op	
16. Informant	Mrs. Bli			Autopsy results		
Address	Friends	rille,	Maryland	PHYSICIAN: Please underline the cause to whi	ich death should be charged :	statistically.
Buric	-0 -		2011/11/11/1	22. VIOLENCE: It death was due to external caus	es, till in the tollowing;	
(Burlal, cremation, or removal, Which?) Dale thereof Mills (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide		
	72	//		Where did injury occur?		P. C.
Cemelery or cremalory 3/00771 saggettoe			0 / 110	Where did injury occur?		
Location	7.7.	2/1/	go miles	Injured et home, tarm, Industry, public place (wh	ere?)	
18. Funeral director	27 9	TAL	may a	Means of Injury	Injured at work?	
	7/_			JI A da	15.11	
Address	nee	500	o relief	23. SIGNATURE A. X. Oliver		
moh 17	7 .50	Sta	a Chully		M, D. o	
(Date rec'd hy registrar) Registrar			Registrar	Addres Friendsville . Ma;	ryland Dale signed	-11-45

MARTAN SO TO MATERIAL STATE WATER OF THAT STATE STATE OF THE STATE OF

APR 4 1945

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore &

CERTIFICATE OF DEATH

Reg. Diat. No. ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Garrett	
City or town. Oakland, Maryland. (If outside city or town limits, write RURAL and give nearest	
Now long in above place of death? Life time	City or towo Oakland, Maryland. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rurat, givo LOCATION)
Now tong in hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Edwin Ephrian Friend.	None
4. Ser 5. Color or race 6.(a) Single, married, widowed, or divor	MEDICAL CERTIFICATION
Male White Widower	20. DATE OF DEATH Nordal 26 1945 at 430 P. M
6.(b) Name of husband or wife. Carrie Pope Friend	21. 1 CERTIFY that death occurred on the dale above staled: that pattended deceased from
Deceased s.(e) If allve, give age	years 1944 to May 26 1944
7. Birth date of deceased (mo., day, yr.) April 4th, 1867	and that I last saw h
8. AGE: Years Months Days tiless than one day	Impediate cause of death
0. 1.02	min Cere mal Throm wers Colays
9. Birthplace Garrett County, Maryland (Town, county, and state)	Due 10.
10. Usual occupation Retired Clerk	01
11. Industry or business	yue to
	Other conditions:
12. Name Henry E. Friend. 13. Birthplace Garrett County, Mary	and
	(Include pregnancy within 3 mouths of death)
14. maises name	Major findings of operations
	Va. Date of op
Mr. W. W. Dawson.	Autopsy results
Address Oakland, Maryland.	PHYSICIAN: Ptease nuderline the cause to which death should be charged statistically.
Burial Date thereof March 28 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:
Cemetery or crematory Oakland Cemetery.	Where did injury occur? (City or town) (County) (Stato)
Location Oakland, Maryland.	Injured at home, farm, industry, public place (where?)
16. Funeral director Emroy D. Bolden.	Means of Injury injured at work?
Address / Oakland, Maryland	10 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
3/29/ 15 1. 1	23. SIGNATURE
19. (Date/rec'd by registrar)	Rogistrar Address Calland Date signed 3/27/4

APR 10 1945 BUREAU V.S.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6/

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Garrett	(For newborn infants give residence of mother)	
City or tewn. Swanton, Maryland. (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Cerrett	
(If outside city or town limits, write KUKAL and give nearest town) How long in above place of death?	City or town	at town)
How long in above place of death?		
	Street No	
Hew long in hospital er institution?	2.(a) if veteran, name war	***************************************
3. (a) FULL NAME	3. (b) Social Security No	ımber
Estella Rose Friend.		
4. Set 5. Celer er race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widow	20. DATE OF DEATH	t
6.(6) Name of husband or wife. Joseph F. Friend.	21 F CERTIFY that death occurred on the date above stated: that I attended decease	d from
Decea sed s.(e) If alive, give age years	6-i-40 19 to 3-30-45	f9
7 Right date at	and that I last saw h	19
deceased (mo., day, yr.) February 4th, 1874	Hyphostatis Congestion of jlungs	DURATION
8. AGE: Years Mooths Days If tess than one day 1 27	hypnostatis Congestion of Junes	2 days
9. Birthplace Garrett County, Md.		
(Town, county, and state)	Due to	
10. Usual occupation House wife		20
ff. Industry or business	Due fo	9 0 0 0 0 0 1 2 0 1 1 1 1 1 1 1 1 1 1 1 1
#I Joseph R Glass	Dilated Heart	3 weeks
12. Name	Other conditions Dilated Heart Diabetes	5 yrs
	(Include pregnancy within 3 months of death)	
	Major findings of operations.	00 00 00 00 00 00 00 00 00 00 00 00 00
15. Birthplace Garrett County, Maryland	Date of ep	
16. Informant Mrs. Pearl Thrasher.	Autopay results	
Address Deer Park, Maryland.	PHYSICIAN: Please underline the cause to which death should be charged st	atistically.
Burial (Burial, cremation, ur removal, Which?) Burial Date thereof April 1st/45 (mouth) (day) (yeer)	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, ur removal. Which?) (mouth) (day) (yeer)	Accident, suicide, or homicide	
Cemetery er crematory George Cemetery.	Where did injury occur?(City or town) (County)	State)
Near Swanton, Md.	Injured at home, farm, Industry, public place (where?)	
18. Funerat director Emroy D. Bolden.	Means of Injury Injured at work?	
Oalsland Manyland	8/ 1/6. d/a	Sant
3/-1 15 11 1	23. SIGNATURE M. D. ut	other
13. Hate regul by registrar) 18. #5 Milion awar Registrar	Address Oakland Maryland Bate signed	3-30-45

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CENTRACKING OF DEATH

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REPORTORD

APR 10 1945

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The Party State of the Party Sta

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er Dist No	6	6

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County A CLA A A A A	(For newborn infant (rive residence of mother)
City or town a a klassification Ma.	State Masylland County & Avelly
(If outside city or town limits, write RURAL and give nearest town)	City or town Dalkland Med
How long in above place of death?	(If outsido city or town limits, write RURAL and give nearest town)
Nospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John S. Knegy.	3.(2)
4. Sex 5. Color or race 6.(α) Single, married, widowed or diverced	MEDICAL CERTIFICATION
Male While Married	20. DATE DE DEATH March 1 19 45 at 2:40 PM
6.(6) Name of husband or wife Mus. Mary July	21. I CEBTIFY that death occurred on the date above stated: that altended deceased from
	apr 19 43 to Mar 19 4 0-
7. Birth date of	and that I last saw h Line alive on
deceased (mo., day, yr.) leed, 5, 1860	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
84 6 26min.	Carone 30, search
9. Birthplace Liefly Cheerle, Garrett Co	Due to.
Dott: I do Ask and the election	
10. Usual occupation Additional A	Due to
11. Industry or business	
12 Hame Samuel Gregy.	Diher conditions Malmetalean
2 12. Name Samuel Gregy.	
El glomatette Allabael	(Include pregnancy within 3 months of death)
14. Maiden name Clégabeth Shlabach. 15. Birthplace Souliset Courty, Pa.	Major findings of operations.
E 15. Birthplace Souleset Court, Pa,	Date of op.
16. Informant Mis Wasy Usedy	60001
10, INTOTTIVABLE OF STATE OF S	Autopsy results
Address lattana. Ma.	
17 Preside Date thereof Warely 4/45	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal, Which2) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory & C. K. A. a. C.	Where did injury occur?
and Cakla of Wir.	Injured at home, farm, Industry, public place (where?)
Location Location	
18. Fuoeral director ZMSSOY N. JONALL	Means of Injury Injured at work?
Address 1 Popularad. Mad.	8 6
2/0/ 1/17 1 . 1	23. SIGNATURE M. D. or other
19. (Date yee'd by yegistrar) 19. The second by yegistrar Registrar	() a 10 and 4 a) 3/2/11
(Date sec'd by segistrar) Registrar	Address Date signed

APR 10 1945
BUREAU V.S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02951 Rog. Diat. No. 166

1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Julia U. Harsen	0
4. Sex 5. Color or race 6.(a) Single, married, widowed, or sivorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MARCH. 19.45 01.4:30 Pm
8.(b) Name of husband or wife. AS CELLAGO CLASSES	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
7. Birth date of	and that t last saw h. R. allve on Linear Ch. 6 19.45
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
\$3 // \deltahrsmin.	Cerebral Throm wen 620
9. Birthplace. Harman (Town, connty, and state)	Due to Artonis develo
1D. Usual occupation. To the Land	Due to.
11. Industry or business 12. Name Office Alaska	Other conditions
13. Sirthplace	(Include pregnancy within 8 months of death)
E 14. Malden name. A RAMA CALLED TOMOTO	Major findings of operations
15. Birthplace Yes way	Date of op
16. Informant Mass Mary Darbell	Antopsy results
Address adalas Ma	22. VIOLENCE: If death was due to external causes, fill in the following:
17. But de la pate thereof Alla (day (real)) (Borial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory at Reters Cemelery	Where did Injury occur?
Location Cakland, Mid, 7	Injured at home, farm, industry, public place (where?)
Englas N. Bolden.	Meana of Injury Injured at work?
Address Clabbad, Mol,	La logament in a
19. 3-8-1945 Julia Nowan (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or the M. D

APR 10 1945
BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

029576 Reg. Dist. No. 76

Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Maryland. County Garrett		
City or town Rural Deer Park			
(If outside city of town innits, write KUKAL and give nearest town	Figure Teas Table		
How long in above place of death? 20 yrs.	Cily or town Circutate city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 12 Jul S. W. Deer Pank		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mayme Wright Landia	100 time and out page 100		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE OF DEATH March 3, 1945 19 3:45P/m		
6.(b) Name of husband or wife. Elvin Landis			
7. Birth dale of Now 20 7007	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
1. Birth dale of deceased (mo., day, yr.) NOV. 28, 1887	and that I last saw h		
8. AGE: Years Months Days If less than one day	Immediate cause of death Sarcoma of Breast DURATION		
577 2 7	Breast Removed about i year ago		
	Inis entered vital parts involving		
9. Birthplace Austen; Preston Co., W. Va.	Due to lungs 3 weeks		
(Town, county, and state)			
TU. USUAI OCCUPATION	Oue to		
11. Industry or business Own Nome			
12. Name George V. Wright 13. Birthplace England	All and the second seco		
E 13 Bidheless Angland	Other conditions		
14. Malden name. Hannah Mitter	(Include pregnancy within 3 months of death)		
14. Malden name.	Major fiedings of aperations.		
14. Malden name. Hannah Mitter 15. Birlhplace Freston Co., W. Va.	Date of op.		
16. taformant Elvin Landis			
Address Deer Park, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Burial (Burial, cremation, or removal, Which?) Oate thereol (month) (day) (year	Accident, suicide, or homicide		
Cemelery or crematory King Cemetery	Where did injury occur?		
1 Mi Front Tools Trans	(Ordinary) (County) (County)		
Location 12 Mi. East Lock Lynn	Injured at home, farm, Industry, public place (where?)		
18. Funeral director, Verleit P. Leighton	Means of Injury Injured at work?		
Address Oakland, Maryladd.	12/ 1		
2 - 1-1	23. SIGNATURE ALLEGAS ALGAS ASSAULT PROPERTY PRO		
19. 3-5- (Date rec'd by registrer) 19. Mia Owar Regi	Carland Maryland M. D. or other		
(Date rec'd by registrar) Regi	istrar Address Date signed 3-6-45		

APR 10 1945 BUREAU V.S. correct age

(Daye rec'd by registrar)

information carefully. The co WITH UNFADING TWK. Supply every item of important. Physicians: please write the causes MARGIN WRITE PLAINLY, is especially

PLEASE

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RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

CERTIFICAL	E UP DEATH Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn intents give residence of mother) State
3. (a) FULL NAME atie mishie &	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife 2. A septim 3. A sext. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It test than one day 36 7 9	MEDICAL CERTIFICATION 20 SATE DF BEATH 21 PRITIFY that dealth occurred on the date above stated; USA attended deceased from 10 19 4.5. at 1/. 35 q.m. 21 PRITIFY that dealth occurred on the date above stated; USA attended deceased from 10 19 4.5. at 1/. 35 q.m. 21 PRITIFY that dealth occurred on the date above stated; USA attended deceased from 10 19 4.5. at 1/. 35 q.m. 22 PRITIFY that dealth occurred on the date above stated; USA attended deceased from 10 19 4.5. at 1/. 35 q.m. 10 19 4.5. at 1/. 35 q.m. 11 PRITIFY that dealth occurred on the date above stated; USA attended deceased from 10 19 4.5. at 1/. 35 q.m. 10 19 4.5
9. Birthplace Data Vill Standell Man. 10. Usual occupation Manual Company of Supering Standard Company	Duy here de 35%
12. Name. Digarty Manne 9. 14. Maiden name Sivet Manne 15. 15. Birthplace Sanett 5. Ma.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Address Glasming M., Ma- 17. (Burial, cremation, or removal, Which?) Date thereof (Mouth) (449) (Green)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Location Standard Mg. 18. Funeral director Man Standard Mg. Address Westernbash Mg. 19. Apr. 3 18/45 Society Fattussie	Where did Injury necur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. organize
(Date rec'd by registrar) Registrar	Address Date signed



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MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore (31-a)

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16				100	1.
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18007	11	1
Dist No	16	

CERTIFICA	TE OF DEATH Reg. Diat. No	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Survett City or towo (1f outside city or town limits, write RURAL NEAR and give	ard No.
Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days) 3. (a) FULL NAME 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced W Marvied 8 (b) Name of husband or wife Ethel Lowdermilk	Street No(If rural give LOCATION) 2(a) IF VETERAN, NAME WAR	
3. (a) FULL NAME Frank Lowdermilk	3. (b) Social Security 2/9-03-84	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced M M Married	MEDICAL CERTIFICATION 20. Date of Death March 17 19 45	5 a 3p a
8 (b) Name of husband or wife Ethel Lowderwill 6(c) It alive, give age 59 years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that t at lended dece Narch 5 19 42 10 March I and that I last saw h im alive on March I7.	
7. Birth date of deceased (mo., day, yr.) after 19-188 8. AGE: Years Months Days If less than one day 6(c) It alive, give age 7 years 10 188 10 28 hrs mi	Immediate cause al death Coronary Thrombosss	DURATION 3Wks.
9. Birthplace Hoyes, ma (Town, county, and state) 10. Usual occupation Sawyer	Owe to coronary vessels	
11. Industry or business, Saw mill	Due to Chronic Nephritis	
ai 13. Birinplace (prometti Co. 110a)	(Include pregnancy within 8 months of death) Major findings:	PHYSICIAN
16. Informani Ethel Leondermilk	01 operations	Please underline the cause to which death should be charged statisti- cally.
14. Malden name Sorah Riley 15. Birthplace Gurrett, Col. Md 16. Informani Ethel Louderwick Address Friendsville R. L. Vid 17. Burial (Burial, cremation, or removal, Which?) Date thereof Maria 20-1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide	-1
ONN section (section)	Where did injury occur? (City or town) (County) Injured at home, farm, industry, public place (where?)	(State)
Location addison Pa 18. Funeral director 7, B. Rishebarger Address addison Pa 19. Mah 19. 1945 Sua CRush	Means of injury Injured at work? 23. SIGNATURE #. # . # . Devel M. T	
19. Meh 19. 1945 Ira CRush (Date rec'd by registrar)	23. SIGNATURE X. A. (A. M. D. M. D. Address Friendsville, Md. Dale signed	or other d 3-17-45



MARYI.	AND	STATE	DEPARTMENT	OF	HEALT
TANGETH TI	MILL	ULCLE	DEI BILLINEILI	UI.	ALLEGALIE

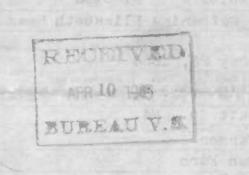
2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

02955

eg. Dist. No. / 6 6

1. PLACE OF DEATH: County Garrett City or town. Mt. Lake Park City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: LOCH Lynn How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Maryland. County Mt. Lake Park, Md. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Richard Ream	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. March 25, 1945
6.(b) Name of husband or wife Cather ine Elizabeth Ream 6.(c) Hallve, give age	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19. 72. 19. 73. 19. 74. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19. 75. 19.
8. AGE: Years Months Days It less than one day 90 10 5	Smile Gaupan 7 Rt 100L DURATION
9. Birthplace Garrett Co., Md. 10. Usual occupation Farmer 11. Industry or business Own Farm Eli Ream Eli Ream 12. Name Unknown	Due to Continue Due to Diher conditions Paraple Gran
Mary Wilson 14. Maiden name Unknown J. W. Ream	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant Address Mt. Lake Park, Md. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. March 28, 1945 (month) (day) (year) Cemetery or crematory.	Antopsy results. PHYSICIAN: Please underline the cause to which death shauld be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Location Oakland, Md. 18. Funeral director Least Cheighton Address Oakland, Md. 19. 3-27- (Date rec'd by registrar) Registrar	Injured at home, farm, Industry, public ptace (where?) Means of Injury Injured at work? 23. SIGNATURE Address Date signed Address



. N. WILLY BEET

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

02956 Reg. Dist. No.....

1. PLACE OF DEATH: County Garrett Oakland Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town. Oakland, Maryland. (If outside city or town limits, write RURAL and give nearest town)	Oakland.
How long in above place of death? 53 years	City or town Oakland, (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where deeth occurred:	Street No.
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs.Mary Kennedy Sincell 4. Ser 5. Color or race 6.(a) Single, married, widowed, or divorced	
4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married.	20. DATE DF DEATH March 21st 19 45 39;05 M
6.(b) Name of husband or wife Harry C. Sincell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from A. M.
6.(c) If alive, give age 73 years	1948, 10 372/ 1945
7. Right date of	and that I last sew her slive on March 201 1945
deceased (mo., day, yr.) October 2d, 1864.	Immediate cause of death. Acute was DURATION
8. AGE: Years Months Days If less than one day	2 days
81 5 19hrsmin.	
9. Birthplace Charlestown, W. Va. (Town, county, and state)	Due to Usetiral obstruction 3 days
10. Usual occupation House wife	Para Permis 5 non
	and metatase
11. Industry or bosiness	and the second
12 Rame J ohn W. Kennedy. 13 Birthplace Charlestown, W. Va.	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sarah Rutheford.	Major findings of operations.
Charlestown. W. Va.	
14. Maiden name. Sarah Rutheford. 15. Birthplace Charlestown, W. Va. 16. toformant Mr. Harry C. Sincell.	Bate of op.
	Autopsy results
Address Oakland, Maryland.	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof March 23/45 (month) (day) (year)	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Oakland Cemetery.	Where did injury occur?
Location Oakland, Maryland.	Injured at home, farm, industry, public place (where?)
18. Funeral director Emroy D. Bolden.	Means of Injury Injured at work?
Onled and Manyland	23. SIGNATURE Landa C. Mille No.
	23. SIGNATURE Standal C. Miller M. D. or other
10. 3-22- 1045 Wia lower	5-6- 65% 3/28/US
(Date rec'd by registrar) Registrar	Address Date signed

APR 10 1945
BUREAU V.S.

2411 N. Charles St., Baltimore //2

CERTIFICATE OF DEATH

	50	G	5	7	
				1	,

1. PLACE OF DEATH: County Garrett					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County. Carlin Manuland				- A		
City or town. Crellin, Maryland. (If ontside city or town limits, write RURAL and give nearest town)			mits, write R	URAL and give nearest town)	state Maryland county Garrett	***************************************
How long in above place of dealh? 47 years		3	(If outside city or town limite, write RURAL and give nea	rest town)		
Hospital, Institution					Street No.	
.4.0		••••••	•••••		(If rural, give LOCATION)	
How long in hospila		ution?	•••••		2.(a) If veteran, name war	
3. (a) FULL NA	ME				3. (b) Social Security	Number
0	lyde	e Rodn	ey Smi	ith.	12/3-0.5-	4806
4. Sex	5. C	olor or race	8.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	7
Male		White		rried.	20. DATE OF DEATH March 16th 19.45	,a14:30 M
B.(b) Name of husb	and or wif	Mrs.	Grace	Smith	21. I CERTIFY that death occurred on the date above, stated; that Lattended dece	
) If alive, give age 63 years	7/her 7 1945, 10 Mar /	19 40
7. Birth date of				The second secon	and that I last saw h alive on	194
deceased (mo., da 8. AGE: Y	ay, yr.)	Months	er27 1	If less than one day	Immediate cause of death Heart Falleri	DURATION
	2	A				
		4	19	hrsmin.		
9. Birthpiace	Dusi	lore,	county, and a	lvania.	Due to Veulueulos Mulora	1804
10. Usual occupation			er.		7 7 0 00-1	3116
		***************************************			Due to. Certain Symbolis	000
11. Industry or busi	Sto	ephen I	A. Smi	th.	Bornes de la Maria	(0 BLD.
12. Name			York,		Other conditions	1
13. Birthplace	T				(Include pregnancy within 3 months of death)	
14. Malden na				andell.	Majer findings of operations	
15. Birthplace		Pennsy	vlvani	а.		***************************************
16. Informant	Mrs.	Clyde	Smit	h.	Antopsy results	
Address	Ст	ellin	Md.		PHYSICIAN: Please underline the cause to which death should be charged	statistically.
				. Manch 18/45	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Bu (Burial, cremat	ion, or re	moval, Which?)	Date there	of March 18/45 (month) (day) (year)	Accident, suicide, or homicide Dale of	
Cemetery or crematory. Terra Alta Cemetery.			Alta	Cemetery.	Where did injury occur?	(State)
Location	Terr	a Alte	1, W.	Va.	Injured et home, farm, Industry, public place (where?)	
18. Funeral directo	En	roy D.	Bold	en.	Means of Injury Injured at work?	
Address		Oaklar	nd, Ma	ryland?	But Would	10 m
2	17	1 "	Josla		23. SIGNATURE M. D. C	
19. (Date rec'd by	registrar	19. 7	Local	a owa Registrar	Address flerra alta era Dale signed.	3/16/43

HTACH TO THAD THE DE

KRONLARD

APR 10 1945

BUREAU V.S.

2411 N. Charles St., Baltimore 933

CERTIFICATE OF DEATH

02958

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Shallmar	State Maryland County Garrett
City or town	City or town Shallmar
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nuspital, institution, of street address where death occurred.	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Mary Jane Tasker	3. (b) Social Security Number
4. Sex - 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	March 29 45 3:50P
Wenne Wenne (III)	OD DATE DE DEATH
6.(b) Name of husband or wife William Washington Tasker	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If elive, give age years	19.93 10 19.70
7. Birth date of deceased (mo., day, yr.) January 2, 1866	and that Hart saw h Valive on Wind 29 19 45
8. AGE: Years Months Days If less than one day	Immediate cause of death
79 2 27	acute Kuyandi 'und
Chattan Campatt Ca Ma	
Chaffee, Garrett Co., Md.	Due to. Chumby Phillips L. France
Town, county, and state) Housework	
10. Usual occupation	Due to Stylesterni
11. industry or business	
12. Name	Other conditions
I 13. Birthplace Md.	
Katherine Sharpless	(Include pregnancy within 3 months of death)
14. Malden name Katherine Sharpless 15. Birthplace Mineral Co., W. Va.	Major findings of operations
Z 15. Birthplace	Dale of op.
Mrs. Dolly Conn	Antopsy results
Shallmar, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Burial	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal. Which?) Bale thereof. (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Cemetery of Grematory Hamill Cemetery Kitzmiller, Md.	
Location	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Otha F. Sharpless	Maans of injury Injured af work?
Address Blaine, W.Va.	22 SIGNATURE Malle Culandella W.D.
	ZJ. SISHA I UNE.
19 MRR 30 19 41 Coursand (Date rec'd by registrar) Registrar	Address Ritharlly 200 Date signed March 30-75



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age	is	shown	on	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N Charles St. Raltin

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	100	

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age is sno			CATE OF DEATH	() 100	160
1. PLACE OF DEA County Garr City or town (If or How long in above place Hospital, Institution, or	TH: ett Sang Run itside etty or town lim of dealh? Lit street address where de	Md. Md. its, write RURAL and give nearest town fee time	CATE OF DEATH 2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r State. Maryland Cour Sang Run, I (If outside city or town limits. Street No. Near-Sang Run (If rural, giva	Reg. Dist. No F DECEASED: nother) Garrett Md. , write RURAL and give no Maryland LOCATION)	Parest town)
3. (a) FULL NAME		ckson Thomas.		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	Married.	20. DATE OF DEATH March 17th	1945	10:45
7. Birth date of		Bell Thomas. 5.(c) If alivo, give age 66 11th 1869	21. I CERTIFY that death occurred on the date about Feb. 26	45 Harch	
deceased (mo., day, yr 8. AGE: Years 75 76	Months	Days If less Ihan one day .	Immediate cause of death Congestive heart	Failure	DURATION
19. Usual occupation	Fa	e, Maryland. ounty, and state) rmer.	Due to		200000000000000000000000000000000000000
12. Name Abraham Thomas. 13. Birthplace Friendsville, Md.					
	Sarah West Va	Teets.	(Include pregnancy within 8 m	•••••	**********************

Jackson Thomas. 16. Informant Oakland, Md. Address

17 Burial
(Burlal, cremation, or removal. Which?) Date thereof March 20/45 (month) (day) (year) Sang Run Cemetery.

Sang Run, Maryland.

Emroy D. Bolden. 18. Funeral director Oakland. Md. Address

(Date rec'd by registrar)

owa Registrar

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Means of Injury

Where did injury occur?(City or town)

injured at home, farm, industry, public place (where?) ..

(County)

injured at work?

112950 , / 1

Address Friends ville, Maryland Date signed 3-20-45

PHYSICIAN: Please underline the cause to which death should be charged statistically.

BUNEAU V.S. SOLD OT NAV CERALISON M t and the second second

2411 N. Charles St., Baltimore

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(B/a)
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Reg.	Dia	t. No	/	16	/	

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Garrette City or town Friendsville, R.F.D, (If outside city or town limits, write RURAL and give nearest town)			F.D,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Garrett		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				City or town Rural -Friendsville, Mary (If outside city or town limits, write RURAL and give new	Land	
Mospital, Institution, or	street address where d	eath occurred		Street No. near Sands Springs Md.		
			***************************************	(If rural, give LOCATION) 2.(a) If veteran, name war	*********************	
3. (a) FULL NAME				3. (b) Social Security 1	Number	
Charl	es W Van	Sick	le	0		
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White		Married	20, DATE OF DEATH Mar 7 1945 19 7	м	
6.(b) Name of husband or wife. Sarah VanSickle				21. I CERTIFY that death occurred on the date above stated; that I attended decea Jan. 1943	sed from	
1. BITTH MALE OF		Б.(с) if allve, give age	and that I last saw him alive on Feb. 24	19.45	
8. AGE: Years	Months 8	Bays 6	If less than one day	Immediate cause of death Congestive Heart Failure	DURATION 2 Wks.	
9. Birthplace Pennsylvina (Town, county, and state) 10. Usual occupation Farmer				Due to Arteriosclerosis Due to	3	
11. industry or business OWN Farm E 12. Name Calvin VanSickle 13. Birthplace Not Known				Other conditions Chronic Nephritis and Arthritis	?	
14. Maiden name Nancy Fike 15. Birthplace Maryland				(Include pregnancy within 3 months of death) Major findings of operations		
Address Brandonville, W. Va.				Autopsy results PHYSICIAN: Please underline the cause to which death should be charged a		
17				22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory				Where did injury occur? (City or town) (County)	(State)	
Location			*	injured at home, farm, industry, public place (where?)		
18. Funeral director & J. H. A. M. L.				Means of injury injured at work?		
Address: Brandonville, W.Va.				Al & Dover M. 1	,	
19. 3 - 8 19. 45 Stackers (Date rec'd by registrar) Registrar				Address Friends ville, Maryland Date signed 3		

APR 4 1945 BUREAUTE FOR BINDING

MARGIN RESER

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

62961

Rog. Dist. No. 172

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Rural Kitzmiller	Menziland Gamett		
(If outside city or town limits, write RURAL and give nearest town)	Slate Rural Kitzmiller		
How long in above place of death? 40vr	City or town		
Hospital, Institution, or street address where death occurred:	Sireet No. Peerless		
reelless	Street No		
New long in hospital or institution?			
TO A PRINT NAME	2.(a) If veteran, name war		
John Abreham Wilson	3. (b) Social Security Number 214-03-4603		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	March 13 45 10 A.		
	20. DATE OF DEATH		
8.(b) Name of husband or wite Minnie Lucretia (Paugh)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
Wilson 8.(c) If alive, give age 61 years	1945, to 44-6 19 19 73		
7. Birth date of deceased (mo., day, yr.) Nov. 14, 1877	and that I last saw h. Malive on While 10 19 45		
	Immediate cause of death		
8. AGE: Years Months Days It less than one day	Commy flimitons		
9. Birthplace Rural-Kitzmiller, Md.	Due to 7		
Farmer Coanty, and state)	Cham culm Tribellate.		
tD. Usual occupation	7		
tt. Industry or business	Duo to.		
12. Name Robert Charles Wilson 13. Birthplace Ditzmille, Md.	Other conditions		
EL 13. Birmpiace	(Include pregnancy within 8 months of death)		
t4. Maiden name Elizabeth Webb t5. Birthplace Baltimore, Md. Mrs. John A. Wilson	Major findings of operations.		
2 ts. Birthplace Baltimore, Md.			
Mrs. John A. Wilson	Date of op.		
t6.Informant Kitzmiller, Md.	PHYSICIAN: Please anderline the cause to which death should be charged statistically.		
Paulica			
Burial (Burlal, cremation, or removal, Which?) Burial (Burlal, cremation, or removal, Which?) Burial (month) (day) (year)			
(Burlal, cremation, or removal, Which?) Date thereot	Accident, suicide, or homicide		
Cemetery or crematory I.O.O.F. Cemetery	Where did injury occur?		
Elk Garden, W.Va.	Injured at home, farm, industry, public place (where?)		
Othe F. Sharpless	Means of injury injured at work?		
18. Funeral director Blaine V.Va			
Address	23. SIGNATURE Kulft Colon drella n. D		
-193/11 11- Pumpa.	23. SIGNATURE		
19 3/14 19 45 QUBANA Registrar	Address Ke to 1 'lle Wed note street Ment 5-45		

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RECEIVED MAY & 1945 BURREU T.E.